

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Livingston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1203 S. St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 yrs.
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME MARYANNE BARTELS

3. (b) If veteran, name war -
 3. (c) Social Security No. -

4. Sex Fe 5. Color or race W. 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Wm J Bartels 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased Sept. 24 1868
 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 6 If less than one day
 hr. min.

9. Birthplace Second Creek Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
 12. Name Rev. John C. Meyer
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Caroline Blumberg
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm J Bartels
 (b) Address Livingston, Mo
 17. (a) Burial (b) Date thereof April 1-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Livingston, Mo

18. (a) Signature of funeral director Winkler
 (b) Address Livingston, Mo
 19. (a) April 3/40 (b) Welia Sales
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette
 (c) City or town Livingston
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1203 S. St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30
 year 1940 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from March 3, 1940, to March 30, 1940
 that I last saw HER alive on March 30, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Embolism 2 who
Hypostatic pneumonia to day

Due to -
 Due to -

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur?
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. S. Coyne (M. D. or other) MD
 Address Livingston Date signed 4/3/40

87/12

87-12-70

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

87-12-70

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Forest F. Kempel

Licensed Embalmer No.

3275

P. O. Address

Livingston, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11487

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRIN Maryanne Bartels
FULL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 6 hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH Month Mar day 30
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism
Hypostatic Pneumonia,
Due to Bronchial

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature J. S. Cape (M. D. or other) _____

Address Lexington signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

11497 (1940)